CMS Net

Edit Correspondence

Edit Correspondence
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Edit Correspondence

**Edit
Correspondence**

This section outlines the steps to edit correspondence. You will only be allowed to edit Free Text, the number of additional copies and the Carbon Copy Recipients.

**Steps to Access
Edit Correspondence**

Step	Action
1	Type **"EV"** for *Event Tracking* in upper case.
2	Press <Enter>.
3	Type **"C"** for *Correspondence* in upper case.
4	Press <Enter>.

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Identify Patient

After pressing <Enter>, the Patient Identification Screen, CSMPI-10 appears:

```
CMSNET                    PATIENT IDENTIFICATION FOR:          CMSPI-10
                          CORRESPONDENCE

   Enter one of the following identifiers:


      CCS Number:


      Pt Name:


      Birthdate:                 Gender:


      Client Index Number:

      Social Security Number:
```

For instructions on identifying patient, see the Patient ID section of this manual.

Edit Correspondence, continued

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Select Option   After identifying a patient, you will see the following menu:

```
CMSNET                        CORRESPONDENCE                        CMSCO-5
------------------------------------------------------------------------------
Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  CCS#: 9999999  CIN: 99999999X 9
Gender: X  DOB: 99/99/9999  Lgl Co: XXXXXXXXXX  REG=XXXXXXX        MED=X  F/R=X
------------------------------------------------------------------------------




                            (?) Send Letter
                            ( ) Print Letter
                            ( ) Edit Letter
                            ( ) Cancel Letter
                            ( ) Quit
```

Step	Action
1	Select "Edit Letter" and press <Enter>.

Select Letter   After pressing <Enter>, a pick-list of all letters generated through Send Correspondence will be displayed for you to choose from:

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Edit Correspondence, continued

Select Correspondence:
( ) PSA   PROGRAM SERVICE AGREEMENT SPANISH   2003-87276 Sent: 03/22/2003 By: MCCARLEY,TRACI (STATE CMS) To: MR AND MRS Addr St 1: 714 P STREET ( ) C-17A   PROVIDER RELEASE OF INFORMATION FORM SPANISH   2003-35587 Sent: 02/05/2003 By: MCCARLEY,TRACI (STATE CMS) To: MR AND MRS Addr St 1: 714 P STREET ( ) NOA   NOTICE OF ACTION SPANISH   2003-35019 Sent: 02/04/2003 By: MCCARLEY,TRACI (STATE CMS) To: MR AND MRS Addr St 1: 714 P STREET
[More] [Quit]

Step	Action
1	Select the letter you would like to edit and press <Enter>.

Edit Letter   After pressing <Enter>, the Edit Correspondence Screen, CMSCO-50 will appear pre-populated with the data from the original letter generation:

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```
CMSNET                      EDIT CORRESPONDENCE                    CMSCO-30
--------------------------------------------------------------------------------
Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCS#: 9999999   CIN: 99999999X 9
Gender: X  DOB: 99/99/9999  Lgl Co: XXXXXXXXXX    REG=XXXXXXXX        MED=X  F/R=X
--------------------------------------------------------------------------------
        Corr#: XXXXXXXXXX
       Letter: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  Auth Number: 999999
Effective Date: 99/99/9999              Date Sent: 99/99/9999
Citation: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Addressed To:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  LEA Attn: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Free Text:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Number of additional copies: 9     Number of Spanish Copies: 9

Comments: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Edit Correspondence Field Descriptions	The following table describes data entry fields on the Edit Correspondence screen. (All other fields are pre-populated and are display only for the Edit Correspondence selection.)

Edit Correspondence, continued

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Element Name	Description/Comments
Effective Date	**Optional** You may edit the Effective Date field on the following letters: NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY)
Citation	**Optional** You may edit the Citation field on the following letters: NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY)
Address To	**Optional** You may edit the Address To field on the following letters: C-17AI (RELEASE OF INFO – IND CO FORM) CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR) MC 2134 (CCS VENDOR CLOSURE LETTER 1/96) RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR)
LEA Attn	**Optional** You may edit the LEA Attn field on the following letters: LEA-1 (INC REF FORM FROM LEA/SELPA) LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS) LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES)

Element Name	Description/Comments
Free Text	**Optional**
	You may edit the Free Text field on the following letters:
	CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR)
	CO-FREE2 (FREE TEXT LTR FM CO TO FAMILY)
	MC 2134 (CCS VENDOR CLOSURE LETTER 1/96)
	NOA (NOTICE OF ACTION)
	NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY)
	RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR)
	RO-FREE2 (FREE TEXT LTR FM RO TO FAMILY)

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Element Name	Description/Comments
Number of additional copies	**Optional** You may edit the Number of additional copies field on the following letters: C-17A (PROVIDER RELEASE OF INFORMATION FORM) C-17AI (RELEASE OF INFO – IND CO FORM) CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR) CO-FREE2 (FREE TEXT LTR FM CO TO FAMILY) DHS 4027 (CCS CONSENT FOR MTP SERVICES) HF STATEMENT (HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME) LEA-1 (INC REF FORM FROM LEA/SELPA) LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS) LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES) LEA-4 (MEDICAL ELIG ASSESSMENT PLAN) LEA-5 (UNDETERMINED STATUS NOTIFICATION) LEA-6 (MEDICAL ELIGIBILITY NOTIFICATION) LEA-7 (MED THERAPY CONF APPT NOTICE) MC 2134 (CCS VENDOR CLOSURE LETTER 1/96) MC 2600 (CCS HEALTH INSURANCE INFORMATION FORM) NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY) NPP (NOTICE OF PRIVACY PRACTICES (NPP) – HIPAA) PSA (PROGRAM SERVICES AGREEMENT) RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR) RO-FREE2 (FREE TEXT LTR FM RO TO FAMILY)

Element Name	Description/Comments
Number of Spanish copies	**Optional** You may edit the Number of Spanish copies field on the following letters: C-17A (PROVIDER RELEASE OF INFORMATION FORM) C-17AI (RELEASE OF INFO – IND CO FORM) DHS 4027 (CCS CONSENT FOR MTP SERVICES) HF STATEMENT (HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME) LEA-1 (INC REF FORM FROM LEA/SELPA) LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS) LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES) LEA-4 (MEDICAL ELIG ASSESSMENT PLAN) LEA-5 (UNDETERMINED STATUS NOTIFICATION) LEA-6 (MEDICAL ELIGIBILITY NOTIFICATION) LEA-7 (MED THERAPY CONF APPT NOTICE) MC 2600 (CCS HEALTH INSURANCE INFORMATION FORM) NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY) NPP (NOTICE OF PRIVACY PRACTICES (NPP) – HIPAA) PSA (PROGRAM SERVICES AGREEMENT)

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Element Name	Description/Comments
Comments	**Optional** You may edit the Comments field on the following letters: C-17A (PROVIDER RELEASE OF INFORMATION FORM) C-17AI (RELEASE OF INFO – IND CO FORM) CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR) CO-FREE2 (FREE TEXT LTR FM CO TO FAMILY) DHS 4027 (CCS CONSENT FOR MTP SERVICES) HF STATEMENT (HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME) LEA-1 (INC REF FORM FROM LEA/SELPA) LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS) LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES) LEA-4 (MEDICAL ELIG ASSESSMENT PLAN) LEA-5 (UNDETERMINED STATUS NOTIFICATION) LEA-6 (MEDICAL ELIGIBILITY NOTIFICATION) LEA-7 (MED THERAPY CONF APPT NOTICE) MC 2134 (CCS VENDOR CLOSURE LETTER 1/96) MC 2600 (CCS HEALTH INSURANCE INFORMATION FORM) NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY) NPP (NOTICE OF PRIVACY PRACTICES (NPP) – HIPAA) PSA (PROGRAM SERVICES AGREEMENT) RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR) RO-FREE2 (FREE TEXT LTR FM RO TO FAMILY)

Element Name	Description/Comments
Send Carbon Copy To	**Optional** You may edit the Send Carbon Copy To field on the following letters: C-17A (PROVIDER RELEASE OF INFORMATION FORM) C-17AI (RELEASE OF INFO – IND CO FORM) CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR) CO-FREE2 (FREE TEXT LTR FM CO TO FAMILY) DHS 4027 (CCS CONSENT FOR MTP SERVICES) HF STATEMENT (HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME) LEA-1 (INC REF FORM FROM LEA/SELPA) LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS) LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES) LEA-4 (MEDICAL ELIG ASSESSMENT PLAN) LEA-5 (UNDETERMINED STATUS NOTIFICATION) LEA-6 (MEDICAL ELIGIBILITY NOTIFICATION) LEA-7 (MED THERAPY CONF APPT NOTICE) MC 2134 (CCS VENDOR CLOSURE LETTER 1/96) MC 2600 (CCS HEALTH INSURANCE INFORMATION FORM) NOA (NOTICE OF ACTION) NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY) NPP (NOTICE OF PRIVACY PRACTICES (NPP) – HIPAA) PSA (PROGRAM SERVICES AGREEMENT) RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR) RO-FREE2 (FREE TEXT LTR FM RO TO FAMILY)

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Element Name	Description/Comments
Carbon Copy Sent To	**Required**
	If you have edited Send Carbon Copy To field. Applies to the following letters:
	C-17A (PROVIDER RELEASE OF INFORMATION FORM)
	C-17AI (RELEASE OF INFO – IND CO FORM)
	CO-FREE1 (FREE TEXT LTR FM CO TO VENDOR)
	CO-FREE2 (FREE TEXT LTR FM CO TO FAMILY)
	DHS 4027 (CCS CONSENT FOR MTP SERVICES)
	HF STATEMENT (HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME)
	LEA-1 (INC REF FORM FROM LEA/SELPA)
	LEA-2 (LEA NOTIFICATION OF MED THERAPY PGM STATUS)
	LEA-3 (LEA NOTIFICATION OF DELAY IN MEDICAL SERVICES)
	LEA-4 (MEDICAL ELIG ASSESSMENT PLAN)
	LEA-5 (UNDETERMINED STATUS NOTIFICATION)
	LEA-6 (MEDICAL ELIGIBILITY NOTIFICATION)
	LEA-7 (MED THERAPY CONF APPT NOTICE)
	MC 2134 (CCS VENDOR CLOSURE LETTER 1/96)
	MC 2600 (CCS HEALTH INSURANCE INFORMATION FORM)
	NOA (NOTICE OF ACTION)
	NOA-DEP CO (NOTICE OF ACTION – DEPENDENT COUNTY)
	NPP (NOTICE OF PRIVACY PRACTICES (NPP) – HIPAA)
	PSA (PROGRAM SERVICES AGREEMENT)
	RO-FREE1 (FREE TEXT LTR FM RO TO VENDOR)
	RO-FREE2 (FREE TEXT LTR FM RO TO FAMILY)

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Action Menu   The Edit Correspondence Action Menu has five commands:

Command	Action
Save & Print	Save & Print will: Ask you if you would like to generate a Cancelled Correspondence Narrative (for the original letter), provide you with the option of printing the letter to the screen or to a printer and generate the letter. The Branch Menu is then displayed.
Save	Save will: Ask you if you would like to generate a Cancelled Correspondence Narrative (for the original letter) and save the letter information for printing at a different time. The Branch Menu is then displayed.
Previous Page	Previous Page will: Return you to the Edit Correspondence page.
Cancel	Cancel will: Return you to the Patient Identification screen for Correspondence, any information entered will not be saved.
Quit	Quit will: Remove the action menu and you will remain on the Carbon Copy screen.

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Step	Action
1	Enter the appropriate option.
2	Press <Enter>.

Branch Menu The system shall send the user to the Correspondence Branch Menu under the following conditions:

- Save & Print is selected

- Save is selected

```
(?)   Narrative for Correspondence
( )   View/Print Narrative
( )   Mail Message for Correspondence
( )   Event Tracking Menu
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NOTES

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